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COVER LETTER

TO:

Registration Section

Division of Cor	rporations				
	GITAL LLC				
SUBJECT:	Name of Lin	nited Liability Company	.		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ana Oliva				
		Name of Person			
	MIAMI NOTARY LLC				
		Firm/Company			
	425 SW 22 AVE SUITE E				
		Address			
	Miami FL 33135			ω_0	20:
		City/State and Zip Code			2022 MAR -1
	OLIVAANA@AOL.COM			1-4 (1) 1-3 (1)	**
		to be used for future annual report not	ification)		
For further information c	concerning this matter, please c	all:		 	77
Ana Oliva		305 3230132 at ()		; - ;	9: 52
Name o	e Person		ne Telephone Number	1:5	10
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fill Certificat Certified (additional)	e of Statu. Copy	
Mailing Address Registration 9 Division of Control P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PADA DIGITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on 02/11/2022	and assigned
Florida document number L22000071824		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
PRADA DIGITAL LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		<u> </u>
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Flor	ida Zip Code
N. D. C. L. L. G. C. L. G. L. L. G. L.	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
		 	□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			🗀 Add
			□Remove
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			Remove
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in effective date is listed, the date mi	e date of filing: st be specific and cannot be prior to delock does not meet the applicable department of State's records.	ate of filing or more than 90 days.	optional) after filing.) Pursuant to 605.02 , this date will not be listed :
ecord specifies a delayed effecti is filed.	ve date, but not an effective time,	at 12:01 a.m. on the earlier o	f: (b) The 90th day after th
24 Feb	2022		
	Signature of a member or authorize	a representative of a member	